



**UNITED STATES DEPARTMENT OF COMMERCE**  
**United States Patent and Trademark Office**  
**Address: COMMISSIONER FOR PATENTS**  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

**CONFIRMATION NO. 5159**

Bib Data Sheet

SERIAL NUMBER 10/756,920	FILING DATE 01/13/2004  RULE	CLASS 251	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 06005/39277	
<b>APPLICANTS</b>  David J. Koester, Gladbrook, IA;  ** CONTINUING DATA ***** <div style="text-align: center; margin-top: 10px;">none JKE</div> ** FOREIGN APPLICATIONS ***** <div style="text-align: center; margin-top: 10px;">none JKE</div> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/16/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">               Examiner's Signature           </div> <div style="text-align: center;">               Initials           </div> </div>		STATE OR COUNTRY IA	SHEETS DRAWING 1	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> 04743 MARSHALL, GERSTEIN & BORUN LLP 233 S. WACKER DRIVE, SUITE 6300 SEARS TOWER CHICAGO , IL 60606					
<b>TITLE</b> Integrated post-guided seat ring assembly					
FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Credit         </div>			